

DECLARATION

X ORIGINAL
 _____ CONTINUATION
 _____ DIVISIONAL

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 1 below, or a joint inventor if plural inventors are named below at 1-2, of the invention entitled:

**METHODS OF EVALUATING PROTEIN FORMULATION STABILITY AND SURFACTANT-STABILIZED
INSULIN FORMULATIONS DERIVED THEREFROM**

Which is described and claimed in:

X the attached specification or
 _____ the specification in application Serial No. _____ filed _____
 _____ as amended on _____

and for which a patent is sought, and that my residence, post office address and citizenship are as stated below next to my name.

I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN
APPLICATION(S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING Month Day Year	PRIORITY CLAIMED UNDER 35 U.S.C. 119
US	60/302,345	06/28/01	YES <u>X</u> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.) (Filing Date) (Status)

Send correspondence to:
MEDTRONIC MINIMED, INC.
 18000 Devonshire Street
 Northridge, CA 91325-1219

DIRECT TELEPHONE CALLS TO:
Lena A. Basile
(818) 576-5291

1	LAST NAME KIM	FIRST NAME SEONYOUNG	MIDDLE NAME	Residence: CITY WINNETKA	STATE or COUNTRY CALIFORNIA
	Post Office Address 20047 STRATHERN STREET, WINNETKA, CA 91306				CITIZENSHIP REPUBLIC OF KOREA
2	LAST NAME VAN ANTWERP	FIRST NAME WILLIAM	MIDDLE NAME P.	Residence: CITY VALENCIA	STATE or COUNTRY CALIFORNIA
	Post Office Address 26833 PINEHURST DRIVE VALENCIA, CA 91355				CITIZENSHIP US
3	LAST NAME GROSS	FIRST NAME TODD	MIDDLE NAME M.	Residence: CITY SAUGUS	STATE or COUNTRY CALIFORNIA
	Post Office Address 28518 ROCK CANYON DRIVE, SAUGUS CA 91390				CITIZENSHIP US
4	LAST NAME GULATI	FIRST NAME POONAM	MIDDLE NAME S.	Residence: CITY LA CANADA	STATE or COUNTRY CALIFORNIA
	Post Office Address 5467 LA FOREST DRIVE, LA CANADA, CA 91011				CITIZENSHIP US

